

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO. _____ FILING DATE _____

APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
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49						
50						
TOTAL IND.	1					
TOTAL DEP.	27	←	←	←	←	←
TOTAL CLAIMS	28	██████████	██████████	██████████	██████████	██████████

IND	DEP	IND	DEP	IND	DEP
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52					
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100					
TOTAL IND.					
TOTAL DEP.		←	←	←	←
TOTAL CLAIMS		██████████	██████████	██████████	██████████